TOTAL CLAIMS FOR NUMBER FILED NUMBER EXTRA NUMBER * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) NUMBER PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM NUMBER PRESENT N	6301	976	9/0	00	ORD	INATION REC	E DETERN cember 8, 2	NTION FE	NT APPLICA Effe	PATE
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